

Abstracts

A93

performed by Mexican private consultants and 67.6% of the CEE presentations used a decision tree-model or a Markov model. **CONCLUSIONS:** An increase of Mexican presentations at ISPOR meetings mainly promoted by local consultants and pharmaceutical companies with a medium methodological quality.

PHP78

THE STATUS QUO OF THE USAGE OF CHINESE VERSIONS OF GENERIC HEALTH-RELATED QUALITY OF LIFE INSTRUMENTS

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OBJECTIVES: In order to assess health-related quality of life (HRQoL) among Chinese-speaking populations, a number of HRQoL instruments originally developed in English in North America or Europe were translated into Chinese over the past two decades. The current study attempted to review the usage of Chinese versions of generic HRQoL instruments including SF-36, SF-12, SF-8, SF-6D, EQ-5D, HUI2, HUI3, and QWB. **METHODS:** MEDLINE and five Chinese databases including CNKI (mainland China), CBM (mainland China), Wanfang (mainland China), CEPIS (Taiwan), and HKInChiP (Hong Kong & Macau) were searched up to December 2008 for HRQoL studies in Chinese-speaking populations. **RESULTS:** A total of 1341 relevant original research papers were identified. Approximately three-quarters (73.90%) of papers were published in Chinese journals. The vast majority of papers (91.50%) were published after the year of 2002. In terms of the number of papers, the top three frequently used generic HRQoL instruments were SF-36 (n = 1281), EQ-5D (n = 30), and SF-12 (n = 28). One thousand and sixty-two papers reported HRQoL measured in patient populations, with circulatory diseases being the most frequently studied therapeutic areas (n = 195). Geographically, identified studies were mainly conducted in mainland China (n = 1012), followed by Taiwan (n = 149), Hong Kong (n = 112), Singapore (n = 53), U.S. (n = 10), Canada (n = 4) and Australia (n = 1). Except for Singapore where the majority of studies were used to evaluate instruments, generic HRQoL instruments were mainly used to measure quality of life in other countries or districts. **CONCLUSIONS:** There is a growing body of English and Chinese literature on the measurement of HRQoL using generic HRQoL instruments in Chinese-speaking populations. For better assessment of Chinese-speaking populations, the appropriateness of existing generic HRQoL instruments should be further evaluated in the future.

PHP79

ASSESSING THE QUALITY OF CARE IN ITALY'S PRIMARY CARE PRACTICES USING ADMINISTRATIVE DATA. IS IT FEASIBLE?

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OBJECTIVES: To develop process indicators for assessing the quality of care in the 23 Primary Care Groups (PCGs) of the Local Health Unit (LHU) of Reggio Emilia, Italy, using administrative data. **METHODS:** Data were extracted from the 2006 Reggio Emilia LHU Healthcare database, including demographic, hospital, outpatient pharmacy, and outpatient specialty data on all residents, as well as information about each LHU General Practitioner (GP). We retrieved information on approximately 450,000 LHU residents and on 343 GPs and their PCG of practice. We included GPs who practiced for the whole year in only one PCG. The sample patient population comprised individuals who were residents in the LHU for the whole year and did not change their GP during the year. Initially developed based on a literature review, the quality indicators were defined jointly by the project team and leaders of the 23 PCGs. For each indicator, we computed the proportion of eligible patients within each PCG who received the recommended care. **RESULTS:** A total of 340 GPs (99.1%) met the inclusion criteria. These GPs had a total number of 383,772 continuously enrolled patients for 2006. The number of GPs per PCG ranged from 4 to 28 and the number of patients per PCG varied from 3,862 to 30,855. Nine quality care indicators covering cardiovascular, diabetes, and asthma management were identified. Analyses of the indicators exhibited significant variation among the PCGs. For example, the proportion of post-myocardial infarction patients receiving beta-blockers varied from 33.3% to 90.9% across the PCGs. **CONCLUSIONS:** Quality of care provided by Italy's family physician practices can be assessed using administrative data. For the indicators adopted, study findings showed a considerable variation in medical patterns among PCGs. These results provide LHU policy makers and PCGs with relevant information to establish quality improvement initiatives targeted at the individual practice level.

PHP80

AN EVALUATION OF PHARMACOECONOMICS EDUCATION IN COLLEGES OF PHARMACY OUTSIDE THE UNITED STATES 2007-2008 UPDATE

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OBJECTIVES: The purpose of the study was to measure the extent of pharmacoeconomics education (PE) in non-US colleges of pharmacy. **METHODS:** Two surveys were used. Survey 1 was e-mailed or faxed to over 700 colleges of pharmacy, obtained from the International Pharmaceutical Federation Website or through Medline and Google Searches, asking respondents if pharmacoeconomics was taught in their college. Survey 2 was sent to respondents who taught PE asking: 1) number of classroom hours devoted to PE 2) whether these were in a required or elective course 3) number of students in the course 4) topics covered 5) resources (books/articles) used.

RESULTS: Ninety-eight schools responded to Survey 1. Pharmacoeconomics education was offered at 62 (63%) of these 98 colleges. The response rate for Survey 2 was 52% (n = 33). However 3 colleges did not provide complete data, leaving data on 30 colleges for this analysis. Twenty-six (87%) colleges indicated that pharmacoeconomics was taught as a required course, 2 (7%) indicated that it was offered as an elective course, and 2 (7%) indicated that PE was taught as both a required and elective course. The median number of required hours was 16 (std dev = 150). The number of elective hours ranged from 3 to 45 with a median of 27 (std dev = 19). The mean number of students taking pharmacoeconomics as a required course was 104 (std dev = 60; median = 90, range 12-250). "Types of pharmacoeconomic analyses" (i.e., comparing CBA, CEA, CMA, CUA) was the most common topic taught. Several articles and books were provided as resources. A comparison of these results to similar studies conducted previously will be provided. **CONCLUSIONS:** Correct and current contact information for international pharmacy schools was difficult to obtain, and obtaining high response rates was also challenging. In this study, both e-mails and facsimiles were used to increase response rates.

HEALTH CARE USE & POLICY STUDIES – Health Technology Assessment Programs

PHP81

ADDRESSING THE CHALLENGE OF IMPLEMENTING HEALTH TECHNOLOGIES: THE SPANISH EXPERIENCE

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OBJECTIVES: To explore the present the process followed to implement technologies in the public health sector from the perspective of key decision makers. The Spanish National Health System (NHS) is decentralized, and most management is decided in the seventeen Autonomous Communities (AC). Several health technology evaluation agencies (HTEA) have been established countrywide. The literature shows that implementation 'technologies' remains far from ideal in Spain (Gonzalez B, 2007). **METHODS:** A naturalistic, qualitative study was conducted. Semi-structured interviews with key decision makers across country, including senior health managers at the Autonomous Communities' Departments of Health (macro-level of decision), Hospitals' managers and directors (meso-level), Heads of clinical services (micro-level of decision), and experts on health services' research and evaluation were carried out to explore their views on the present of the implementation of technologies in the health system. Data interviews data were collected until different categories of information was saturated. The grounded theory method was applied to categorize the information gathered. **RESULTS:** A total of 35 interviews were conducted, including managers, researchers and evaluators. Eight categories of information emerged: 1) the industry's inputs to the NHS, contributing to its modernization; 2) the assessment of technologies, based on safety and efficacy while leaving behind effectiveness, efficiency or cost-benefit; 3) implementation processes, relying on informal mechanisms and variable criteria; 4) the gap, between legal statements and existing practices; 5) HTEA reports', of scarce impact on managers' decisions; 6) financing mechanisms, that one barely effective in responding to technological progresses; 7) the industry, seen as a self-centered NHS provider making little efforts to realistically show the "pros and cons" of technologies; 8) the need for transparency, openness and consensus amongst all involved. **CONCLUSIONS:** Major opportunities for improvement in the implementation of technologies in the NHS exist. These findings set the basis for exploring strategies to enhance the future scenario.

PHP82

USE OF INDIRECT COMPARISON IN HTA SUBMISSIONS

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OBJECTIVES: The quality of evidence used by manufacturers in submissions to HTA agencies is an important determinant of a positive appraisal. In 2008, NICE revised guidelines and added a section on indirect synthesis methods. The study objective was to evaluate previous trends and understand past and evolving influences of methodological factors, particularly indirect and mixed treatment comparisons, on submission outcome. **METHODS:** A landscape review was conducted of NICE submission methodologies and appraisal outcome, with focus on the use of indirect comparison. Key data were extracted from NICE/ ERG documents for all NICE appraisals (2003-August 2008). Also, case studies were investigated in rheumatoid arthritis, osteoporosis, bone metastases and oncology. Key findings and recommendations for submission preparation, with focus on indirect comparison use, are presented. **RESULTS:** The number of indirect comparisons used in appraisals has increased from 2 to 8 between 2005 and 2008. The proportions of published NICE appraisals mentioning indirect comparisons to total appraisals were 2/7 (2005), 2/18 (2006), 7/21 (2007) and August 2/18 to August 2008. Indirect comparison, historically, used primarily in oncology, is increasingly being implemented in other therapeutic areas. However, 81% of NICE submissions that included indirect comparison have been recommended, compared with 86% that did not include indirect comparison. NICE critique of indirect comparisons across submissions focused on the lack of clear justification of methodology, assumptions, and comparators used, along with management of clinical and statistical heterogeneity. Further, case studies have shown the need to avoid non-validated methods and distant indirect comparisons. **CONCLUSIONS:** Where head-to-head